

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 16, 2005 8:00 am
Secretary of State

05-16-2005 90204 029 ***150.00

DOCUMENT # P03000041278

1. Entity Name
BBETO'S INC.



Principal Place of Business
**9261 E BAY HARBOR DR #2
BAY HARBOR ISL, FL 33154**

Mailing Address
**9261 E BAY HARBOR DR #2
BAY HARBOR ISL, FL 33154**

2. Principal Place of Business
**7620 CARLYLE AVE
Suite, Apt. #, etc.
APT. 504**

3. Mailing Address
**7620 CARLYLE AVE
Suite, Apt. #, etc.
APT. 504**

City & State
MIAMI BEACH, FL

City & State
MIAMI BEACH, FL

05102005 Chg-P CR2E034 (10/03)

Zip
33141

Country
DADE

Zip
33141

Country
DADE

4. FEI Number
51-0477131

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**BENEGAS, LEONARDO
9261 E BAY HARBOR DR #2
BAY HARBOR ISL, FL 33154**

7. Name and Address of New Registered Agent

Name **BENEGAS, LEONARDO**

Street Address (P.O. Box Number is Not Acceptable)

7620 CARLYLE AVE APT. 504

City **MIAMI BEACH**

FL

Zip Code **33141**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DP
BENEGAS, LEONARDO
9261 E BAY HARBOR DR #2
BAY HARBOR ISL, FL 33154**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DP
BENEGAS, LEONARDO
7620 CARLYLE AVE APT. 504
MIAMI BEACH, FL 33141**

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
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STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05/09/05

Date

Daytime Phone #